

111TH CONGRESS
1ST SESSION

H. R. 4409

To amend the Public Health Service Act to authorize a program for the training of medical residents in community-based settings.

IN THE HOUSE OF REPRESENTATIVES

DECEMBER 19, 2009

Mr. GENE GREEN of Texas (for himself and Mr. SARBANES) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend the Public Health Service Act to authorize a program for the training of medical residents in community-based settings.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Community-Based
5 Residency Training Act of 2009”.

6 **SEC. 2. TRAINING OF MEDICAL RESIDENTS IN COMMUNITY-**
7 **BASED SETTINGS.**

8 Part C of title VII of the Public Health Service Act
9 (42 U.S.C. 293k et seq.) is amended by adding at the end
10 the following:

1 **“SEC. 749. TRAINING OF MEDICAL RESIDENTS IN COMMU-**
2 **NITY-BASED SETTINGS.**

3 “(a) PROGRAM.—The Secretary shall establish a pro-
4 gram for the training of medical residents in community-
5 based settings consisting of awarding grants and contracts
6 under this section.

7 “(b) DEVELOPMENT AND OPERATION OF COMMU-
8 NITY-BASED PROGRAMS.—The Secretary shall make
9 grants to, or enter into contracts with, eligible entities—

10 “(1) to plan and develop a new primary care
11 residency training program, which may include—

12 “(A) planning and developing curricula;

13 “(B) recruiting and training residents and
14 faculty; and

15 “(C) other activities designated to result in
16 accreditation of such a program; or

17 “(2) to operate or participate in an established
18 primary care residency training program, which may
19 include—

20 “(A) planning and developing curricula;

21 “(B) recruitment and training of residents;
22 and

23 “(C) retention of faculty.

24 “(c) ELIGIBLE ENTITY.—To be eligible to receive a
25 grant or contract under subsection (b), an entity must be
26 designated as eligible to receive payment for the direct

1 costs of medical education under section 1886(k) of the
2 Social Security Act.

3 “(d) PREFERENCES.—In awarding grants and con-
4 tracts under paragraph (1) or (2) of subsection (b), the
5 Secretary shall give preference to entities that—

6 “(1) support teaching programs that address
7 the health care needs of vulnerable populations; or

8 “(2) are a Federally qualified health center (as
9 defined in section 1861(aa)(4) of the Social Security
10 Act) or a rural health clinic (as defined in section
11 1861(aa)(2) of such Act).

12 “(e) ADDITIONAL PREFERENCES FOR ESTABLISHED
13 PROGRAMS.—In awarding grants and contracts under
14 subsection (b)(2), the Secretary shall give preference to
15 entities that have a demonstrated record of training—

16 “(1) a high or significantly improved percentage
17 of health professionals who provide primary care;

18 “(2) individuals who are from disadvantaged
19 backgrounds (including racial and ethnic minorities
20 underrepresented among primary care professionals);
21 or

22 “(3) individuals who practice in settings having
23 the principal focus of serving underserved areas or
24 populations experiencing health disparities (including
25 serving patients eligible for medical assistance under

1 title XIX of the Social Security Act or for child
2 health assistance under title XXI of such Act or
3 those with special health care needs).

4 “(f) PERIOD OF AWARDS.—

5 “(1) IN GENERAL.—The period of a grant or
6 contract under this section—

7 “(A) shall not exceed 3 years for awards
8 under subsection (b)(1); and

9 “(B) shall not exceed 5 years for awards
10 under subsection (b)(2).

11 “(2) SPECIAL RULES.—

12 “(A) An award of a grant or contract
13 under subsection (b)(1) shall not be renewed.

14 “(B) The period of a grant or contract
15 awarded to an entity under subsection (b)(2)
16 shall not overlap with the period of any grant
17 or contract awarded to the same entity under
18 subsection (b)(1).

19 “(g) REPORT.—The Secretary shall submit to the
20 Congress an annual report on the program carried out
21 under this section.

22 “(h) DEFINITIONS.—In this section:

23 “(1) HEALTH DISPARITIES.—The term ‘health
24 disparities’ includes health and health care dispari-
25 ties and means population-specific differences in the

1 presence of disease, health outcomes, or access to
2 health care. For purposes of the preceding sentence,
3 a population may be delineated by race, ethnicity,
4 primary language, sex, sexual orientation, gender
5 identity, disability, socioeconomic status, or rural,
6 urban, or other geographic setting, and any other
7 population or subpopulation determined by the Sec-
8 retary to experience significant gaps in disease,
9 health outcomes, or access to health care.

10 “(2) PRIMARY CARE RESIDENT.—The term ‘pri-
11 mary care resident’ has the meaning given the term
12 in section 1886(h)(5)(H) of the Social Security Act.

13 “(3) PRIMARY CARE RESIDENCY TRAINING PRO-
14 GRAM.—The term ‘primary care residency training
15 program’ means a program that—

16 “(A) is an approved medical residency
17 training program described in section
18 1886(h)(5)(A) of the Social Security Act for
19 primary care residents; and

20 “(B) in the case of entities seeking awards
21 under subsection (b)(2), is accredited, or oper-
22 ates in partnership with a program that is ac-
23 credited, by the Accreditation Council for Grad-
24 uate Medical Education or the American Osteo-
25 pathic Association.

1 “(i) AUTHORIZATION OF APPROPRIATIONS.—To
2 carry out this section, there are authorized to be appro-
3 priated the following:

4 “(1) \$40,800,000 for fiscal year 2011.

5 “(2) \$43,010,000 for fiscal year 2012.

6 “(3) \$45,050,000 for fiscal year 2013.

7 “(4) \$47,260,000 for fiscal year 2014.

8 “(5) \$49,640,000 for fiscal year 2015.”.

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